1. Last Name First Name MI

2. Patient Number | | | | | | | | | | — | H |

3. Date of Birth Month Day Year

4. Race ☐ 1. White ☐ 2. Black ☐ 3. Am. Ind. ☐ 4. Other Ethnicity: Hispanic Origin? ☐ 1. Yes ☐ 2. No

5. Sex ☐ 1. Male ☐ 2. Female

6. County of Residence

**I authorize the exchange of the information below between the WIC Program and my Health Care Provider.**

Client's Signature: _____

Date: _____

North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Nutrition Services Branch • WIC Program

# WIC PROGRAM EXCHANGE OF INFORMATION – INFANTS & CHILDREN –

*WIC is an Equal Opportunity Program.*

**RETURN COMPLETED FORM TO:**

Local WIC Agency / Address / Phone

## ↓ *Information Below To Be Completed By The Health Care Provider* ↓

1 Infant / Child is insured through ( ✓ one): ❑ Health Choice ❑ Medicaid ❑ Other ❑ No Insurance

2. If child is ≤24 months of age: Birthweight:_____ Birth Length: _____ Weeks Gestation: _____

3. Enter date & results of ***most recent*** measurements / tests:

Date _____ Weight _____

Date _____ Recumbent Length: _____ or Standing Height: _____

Date _____ Hemoglobin: _____ or Hematocrit: _____

Date _____ Blood Lead: _____ or ❑ Results not yet available

4. Immunization Status ( ✓ one)**:** ❑ Up-to-Date ❑ Not Up-to-Date

5. **Complete only if infant** is 12 months or younger **and** drinking a formula other than Enfamil w/iron, Lactofree, or ProSobee.

a. Name of Prescribed Formula: _____

b. Reason infant **cannot** consume Enfamil w/ Iron, Lactofree, or ProSobee:

❑ Formula Intolerance ➜ ❑ chronic diarrhea ❑ persistent dermatological condition
❑ persistent vomiting ❑ persistent respiratory condition

❑ Medical Diagnosis / Condition (specify): _____

c. Duration of prescribed formula use ( ✓ one): ❑ 1 month ❑ 2 months ❑ 3 months ❑ Other _____

d. At the end of the prescribed duration ( ✓ one):

❑ I must reassess the infant before there are any formula changes.

❑ WIC Staff may rechallenge the infant with ➜ ❑ Enfamil w/ Iron ❑ Lactofree ❑ ProSobee

e. Special Instructions for Formula (i.e., dilution) **/** Findings / Other Recommendations:

6. **Complete only if child** is older than 12 months of age **and** drinking any formula.

a. Name of Prescribed Formula: _____

b. Medical Diagnosis / Condition (specify): _____

c. Duration of prescribed formula use ( ✓ one): ❑ 6 months ❑ Other *(specify)* _____

d. Special Instructions for Formula (i.e., dilution) **/** Findings / Other Recommendations:

7. Would you like to receive a summary of nutrition services provided by the WIC Program staff? ❑ Yes ❑ No

**Completed by:**_____ **Date:**_____ **Phone:** _____

*Signature/Title*

# WIC Program Exchange of Information
# (DHHS 3492)

**PURPOSE**: To facilitate transmittal of information necessary for WIC certification between a health care provider and the local WIC Program.

**GENERAL INSTRUCTIONS**: The appropriate side of the form (infants/children or women) should be initiated by the local WIC Program with the following information completed.

**WIC Agency/Address/Phone:** of local WIC Program where person receives program services.

**Patient name/DOB**: of person being referred.

**Client's Signature/Date:** authorizing the exchange of information.

The health care provider should complete the relevant medical information, sign and date the form, and return it to the Local WIC Program.

If requested, the local WIC Program should provide a summary of nutrition services to the referring individual.

**DISTRIBUTION**: Maintain a copy of the WIC Program Exchange of Information form in the Health Record. Send a copy to the referring health care provider if requested.

**DISPOSITION**: This form may be destroyed in accordance with the Patient Clinical Records Standard of the *Records Disposition Schedule* published by the Division of Archives and History.

**REORDER INFORMATION**: Additional copies of this form may be ordered on the Nutrition Services Branch Requisition Form, DHHS 2507, from:

Nutrition Services Branch
1914 Mail Services Section
Raleigh, NC 27699-1914